

"Seeking Jefferson at: University of Virginia,"
www.pilotonline.com/travel/jefferson.uva.html (referred to hereinafter as
"JEFFERSON"); and rejected claims 24 and 25 under 35 U.S.C. § 102(a) as anticipated
by "A Walk through Time," <http://physics.nist.gov/time> (referred to hereinafter as
"NIST"). Applicants respectfully traverse these rejections as discussed in detail below.

By this amendment, Applicants cancel claims 4 and 11 and amend claims 1, 7, 12,
15-17, and 22-25. Applicants have amended claims 1, 7, and 15-17 to include the subject
matter recited in canceled claims 4 and 11. Claims 1-3, 5-10, and 12-28 remain pending.

Claims 1, 2, 5-8, 13-17, and 26-28 were rejected under 35 U.S.C. § 102(b) as
allegedly anticipated by RAMSHAW et al. Claims 4, 11, and 12 were rejected under 35
U.S.C. § 103(a) as allegedly unpatentable over RAMSHAW et al. in view of CICCONE,
JR. et al. Applicants respectfully traverse these rejections in light of the amended claims.

RAMSHAW et al. is directed to an interactive medical training system. In
RAMSHAW et al., a computer system provides education and training on laparoscopic
surgical procedures (Abstract, lines 1-4). The computer system includes a video window
that displays a prerecorded video segment illustrating a portion of the laparoscopic
surgical procedure (Abstract, lines 5-8). The computer system engages the user by
requesting the user to input information relating to the next step in the surgical procedure
(Abstract, lines 8-11).

CICCONE, JR. et al. is directed to a system that monitors changes to a computer
system. In CICCONE, JR. et al., the system monitors a computer system for changes to

the computer system's platforms or products (col. 1, lines 51-53). Accordingly, undesirable changes to the platforms and products can be detected (col. 1, lines 53-56).

In contrast, the present invention recited in amended independent claim 1, for example, includes a memory configured to store instructions and a plurality of graphical user interfaces relating to medical topics, where each graphical user interface includes one or more questions, and a processor configured to execute the instructions to receive a medical topic indication and an audience level indication, retrieve at least one graphical user interface related to the medical topic and based on the audience level indication, and provide the retrieved at least one graphical user interface over the network to a user.

Applicants respectfully submit that RAMSHAW et al. and CICCONE, JR. et al., whether taken alone or in any reasonable combination, do not disclose or suggest this combination of features.

For example, Applicants respectfully submit that RAMSHAW et al. and CICCONE, JR. et al. do not disclose a processor that receives a medical topic indication and an audience level indication. This feature was previously recited in Applicants' claim 4. With respect to this feature, the Examiner alleged that col. 13, lines 49-62, of RAMSHAW et al. implies that an "audience level indication from the user is received that will provide the basis for a user to determine whether further studies and training in a particular area are necessary" (Office Action, pg. 3). Applicants respectfully disagree.

Col. 13, lines 49-62, of RAMSHAW et al. discloses:

Likewise, if the quiz option is selected at step 121, then a routine, denoted as step 127, is executed and control is returned to step 120. As previously described, this routine presents the user with various questions regarding medical or surgical procedures and evaluates the responses given by the

user. In one embodiment, a number of questions are asked, and the responses given by the user are tallied to arrive at an overall effectiveness score or grade. Based upon the overall effectiveness, the user may be instructed upon his or her relative proficiency in the particular medical procedure tested upon. As will be appreciated, this will provide some measure or basis for a user to determine whether further studies and training in a particular area are necessary.

Contrary to the Examiner's allegation, this section of RAMSHAW et al. does not disclose or suggest a processor that receives a medical topic indication and an audience level indication, but merely that the system may grade (or score) a user based on his/her understanding of a particular medical or surgical procedure. This is clearly different than receiving an audience level indication.

The Examiner also relied on col. 6, line 57 to col. 7, line 3, of CICCONE, JR. et al. for allegedly disclosing this feature. This section of CICCONE, JR. et al. merely discloses that users may be granted access to system functions based on an identifier (ID) associated with the user (col. 6, lines 59-65). This section of CICCONE, JR. et al. does not disclose or even suggest a processor that receives an audience level indication.

Since RAMSHAW et al. and CICCONE, JR. et al. do not disclose a processor that receives an audience level indication, these documents cannot disclose the processor retrieving at least one graphical user interface based on the audience level indication. With respect to this feature, the Examiner alleged that "it would have been common sense that a medical student, surgeon, primary care provider, housestaff or patient could utilize the Ramshaw et al system but would each obviously benefit from different access levels to the software. Thus, retrieving a user interface based upon audience level would have

been obvious to one of ordinary skill in the art in view of Ramshaw et al, Ciccone, Jr. et al and common sense" (Office Action, pg. 4). Applicants disagree.

RAMSHAW et al. does not disclose or even suggest the providing of different graphical user interfaces to a user based on the particular audience level with which the user is associated. If the Examiner maintains the position that this feature would be common sense based on the disclosure of RAMSHAW et al., Applicants respectfully request that the Examiner provide a reference to support this position.

Moreover, Applicants' amended claim 1 does not recite that different access levels to software be provided based on the audience level. In contrast, Applicants' amended claim 1 recites that the processor retrieves at least one graphical user interface based on a received audience level indication. According to Applicants' invention, this enables graphical user interfaces to be provided according to the type of audience to which the user is associated. For example, a surgeon may be provided with graphical user interfaces having more challenging medical questions, than the graphical user interfaces provided to a medical student. This is clearly different than permitting access to software based on a user's level of authorization.

For at least the foregoing reasons, Applicants submit that amended claim 1 is patentable over RAMSHAW et al. and CICCONE, JR. et al, whether taken alone or in any reasonable combination.

Since claims 2, 5, and 6 depend from claim 1, Applicants submit that these claims are patentable over RAMSHAW et al. and CICCONE, JR. et al., whether taken alone or in any reasonable combination, for at least the reasons given above with respect to claim

1. Moreover, these claims are patentable over RAMSHAW et al. and CICCONE, JR. et al. for reasons of their own.

For example, claim 5 recites that the processor receives medical content for the graphical user interfaces from at least one remote device, provides the medical content to at least one editor, and receives authorization from the at least one editor to use the medical content. The Examiner relied on col. 7, lines 1-22, of RAMSHAW et al. for allegedly disclosing these features.

Col. 7, lines 1-22, of RAMSHAW et al. discloses:

For example, the present invention may be utilized in a larger distributed processing environment, comprising a wide area network (WAN), having many clients and servers. In such a system, the storage may be distributed among the various servers. Moreover, the present invention may be supported by other network environments (e.g., host-end user systems) as well.

To illustrate one application of the present invention, and in keeping with the distributed processing example, a plurality of servers may be distributed at a number of medical institutions and interconnected across a wide area network. As the medical institutions develop new medical or surgical procedures, these procedures may be encoded in software operating in accordance with the invention described herein. These newly encoded procedures may be placed on a server at that institution, where they will then become accessible to students at other institutions, and indeed to persons all across the network. It will be appreciated that such a distributed processing environment will substantially increase the available medical training and educational resources, and significantly advance the presently known educational and training process.

This section of RAMSHAW et al. does not disclose or suggest a processor that receives medical content for the graphical user interfaces from at least one remote device, provides the medical content to at least one editor, and receives authorization from the at least one editor to use the medical content, but merely discloses that medical or surgical

procedures may be encoded in software and placed on a server where persons in the network may access it. In fact, this section does not disclose or suggest an editor.

For at least this additional reason, Applicants submit that claim 5 is patentable over RAMSHAW et al. and CICCONE, JR. et al., whether taken alone or in any reasonable combination.

Amended independent claims 7 and 15-17 recite features similar to those described above with respect to claim 1. Accordingly, Applicants submit that claims 7 and 15-17 are patentable over RAMSHAW et al. and CICCONE, JR. et al., whether taken alone or in any reasonable combination, for reasons similar to those given above with respect to claim 1.

Claims 8 and 12-14 depend from claim 7. Therefore, Applicants submit that these claims are patentable over RAMSHAW et al. and CICCONE, JR. et al., whether taken alone or in any reasonable combination, for at least the reasons given above with respect to claim 7. Moreover, these claims recite additional features not disclosed by RAMSHAW et al. or CICCONE, JR. et al.

For example, Applicants' claim 12 recites that the audience level indication includes one of surgeon, primary care provider, medical student, housestaff, and patient. With respect to this feature, the Examiner alleged that "it would have been common sense that a medical student, surgeon, primary care provider, housestaff or patient could utilize the Ramshaw et al system but would each obviously benefit from different access levels to the software." Regardless of the veracity of the Examiner's allegation, Applicants submit that RAMSHAW et al. and CICCONE, JR. et al. do not disclose or suggest an

audience level indication that includes one of surgeon, primary care provider, medical student, housestaff, and patient.

Moreover, Applicants submit that the Examiner has failed to make a proper rejection under 35 U.S.C. § 103(a). A proper rejection under 35 U.S.C. § 103(a) requires that the Examiner set forth in the Office action (1) the relevant teachings of the prior art reference(s) relied upon, preferably with reference to the relevant column or page number(s) and line number(s) where appropriate, (2) the difference or differences in the claim over the applied reference(s), (3) the proposed modification of the applied reference(s) necessary to arrive at the claimed subject matter, and (4) an explanation why one of ordinary skill in the art at the time the invention was made would have been motivated to make the proposed modification. See M.P.E.P. § 706.02(j). The Examiner has failed to specifically point out the section or sections of RAMSHAW et al. or CICCONE, JR. et al. that disclose this feature. Accordingly, the rejection of claim 12 is improper.

For at least these additional reasons, Applicants submit that claim 12 is patentable over RAMSHAW et al. and CICCONE, JR. et al., whether taken alone or in any reasonable combination.

Since claim 13 recites features similar to those described above with respect to claim 5, Applicants submit that claim 13 is further patentable over RAMSHAW et al. and CICCONE, JR. et al., whether taken alone or in any reasonable combination, for reasons similar to those given above with respect to claim 5.

Independent claim 26 recites a server that stores medical imagery objects, transmits one or more graphical user interfaces, receives at least one lesson related to a medical topic, and uses the at least one lesson to create a medical training program, and an authoring device that receives the one or more graphical user interfaces, creates the at least one lesson using the graphical user interfaces, where the at least one lesson comprises at least one question or statement and is associated with at least one of the medical imagery objects, and transmits the at least one lesson to the server. Applicants submit that RAMSHAW et al. does not disclose this combination of features.

For example, RAMSHAW et al. does not disclose or suggest an authoring device that receives one or more graphical user interfaces from the server, creates at least one lesson using the graphical user interfaces, where the at least one lesson comprises at least one question or statement and is associated with at least one of the medical imagery objects stored at the server, and transmits the at least one lesson to the server. The Examiner alleged that RAMSHAW et al. inherently discloses these features at col. 7, lines 8-22 (Office Action, pg. 2). Applicants disagree.

As described above, this section of RAMSHAW et al. discloses that new medical or surgical procedures can be developed and that these new procedures may be encoded in software (col. 7, lines 12-14). This section of RAMSHAW et al. does not disclose or even suggest an authoring device that receives one or more graphical user interfaces from the server, creates at least one lesson using the graphical user interfaces, where the at least one lesson comprises at least one question or statement and is associated with at

least one of the medical imagery objects stored at the server, and transmits the at least one lesson to the server.

Moreover, Applicants submit that these features are not inherent based on col. 7, lines 8-22, of RAMSHAW et al. Nowhere in RAMSHAW et al. is there even a suggestion of an authoring device that receives one or more graphical user interfaces from the server, creates at least one lesson using the graphical user interfaces, where the at least one lesson comprises at least one question or statement and is associated with at least one of the medical imagery objects stored at the server, and transmits the at least one lesson to the server. M.P.E.P. § 2112 requires the Examiner, when relying on the theory of inherency, to provide "a basis in fact and/or technical reasoning to reasonably support the determination that the allegedly inherent characteristic necessarily flows from the teachings of the applied prior art." *Ex parte Levy*, 17 USPQ2d 1461, 1464 (Bd. Pat. App. & Inter. 1990). The Examiner has failed to provide the necessary showing articulated in M.P.E.P. § 2112 to support the inherency assertion. If the rejection is maintained, Applicants respectfully request that the Examiner set forth the basis for the alleged inherency, so that Applicants can address the Examiner's allegations.

For at least the foregoing reasons, Applicants respectfully submit that RAMSHAW et al. does not anticipate independent claim 26.

Claims 27 and 28 depend from claim 26. Applicants submit that RAMSHAW et al. does not anticipate these claims for at least the reasons given above with respect to claim 26. Moreover, these claims recite additional features not disclosed by RAMSHAW et al.

For example, claim 28 recites that the authoring device transmits the at least one lesson to one or more remotely located medical editors and receives editorial changes from the one or more remotely located medical editors. The Examiner relied on col. 7, lines 1-22, of RAMSHAW et al. for allegedly disclosing these features. This section of RAMSHAW et al. merely discloses that new medical or surgical procedures can be developed and that these new procedures may be encoded in software (col. 7, lines 12-14). This section of RAMSHAW et al. does not disclose or suggest an authoring device that transmits at least one lesson to one or more remotely located medical editors or receives editorial changes from the one or more remotely located medical editors. In fact, this section of RAMSHAW et al. does not even disclose the editing of a lesson, but merely that new procedures may be encoded on software. If this rejection is maintain, Applicants request that the Examiner specifically point out where in this section of RAMSHAW et al. the features of claim 28 are allegedly disclosed.

For at least this additional reason, Applicants submit that claim 28 is not anticipated by RAMSHAW et al.

Claims 3 and 10 were rejected under 35 U.S.C. § 103(a) as allegedly unpatentable over RAMSHAW et al. in view of DENICOLA et al. Applicants respectfully traverse this rejection.

DENICOLA et al. is directed to an Internet-based videoconferencing system that provides live interactive lectures (Abstract, lines 1-7).

Applicants submit that the disclosure of DENICOLA et al. does not remedy the deficiencies set forth above with respect to the disclosures of RAMSHAW et al. and

CICCONE, JR. et al. Since claims 3 and 10 depend from claims 1 and 7, respectively, Applicants submit that these claims are patentable over RAMSHAW et al., CICCONE, JR. et al., and DENICOLA et al., whether taken alone or in any reasonable combination, for at least the reasons given above with respect to claims 1 and 7.

Claims 9 and 18-22 were rejected under 35 U.S.C. § 103(a) as allegedly unpatentable over RAMSHAW et al. in view of CROWLEY. Applicants respectfully traverse this rejection.

CROWLEY is directed to the offering of college courses over the Internet.

Applicants submit that the CROWLEY document does not remedy the deficiencies set forth above with respect to the disclosures of RAMSHAW et al. and CICCONE, JR. et al. Since claim 9 depends from claim 7, Applicants submit that claim 9 is patentable over RAMSHAW et al., CICCONE, JR. et al., and CROWLEY, whether taken alone or in any reasonable combination, for at least the reasons given above with respect to claim 7. Moreover, claim 9 is patentable over RAMSHAW et al., CICCONE, JR. et al., and CROWLEY for reasons of its own.

Claim 9 recites granting medical educational credits based on the tracking of a number of correct answers received from the user. The Examiner relied on CROWLEY for allegedly disclose the granting of a degree over the Internet (Office Action, pg. 4). While CROWLEY does appear to disclose the ability of a student to obtain a degree in such areas as accounting, business and management, and computer science (page 3), CROWLEY does not disclose granting medical education credits based on the tracking of

a number of correct answers received from the user. RAMSHAW et al. also fails to disclose this feature.

For at least this additional reason, Applicants submit that claim 9 is patentable over RAMSHAW et al., CICCONE, JR. et al., and CROWLEY, whether taken alone or in any reasonable combination.

Independent claims 18, 20, and 22 recite a feature similar to the one described above with respect to claim 9. Therefore, Applicants submit that claims 18, 20, and 22 are patentable over RAMSHAW et al. and CROWLEY, whether taken alone or in any reasonable combination, for reasons similar to those given above with respect to claim 9.

Claims 19 and 21 depend from claims 18 and 20, respectively. Accordingly, Applicants submit that claims 19 and 21 are patentable over RAMSHAW et al. and CROWLEY, whether taken alone or in any reasonable combination, for at least the reasons given above with respect to their respective base claims.

Claim 23 was rejected under 35 U.S.C. § 103(a) as allegedly unpatentable over L'ALLIER et al. in view of JEFFERSON. Applicants respectfully traverse this rejection.

L'ALLIER et al. is directed to a method for providing automated learning by pre-testing a user with at least one question to determine a specific sequence of instructional units to provide to the user (Abstract).

JEFFERSON contains information on the University of Virginia.

By contrast, amended independent claim 23 recites a computer-readable medium having a hierarchical data structure and comprising a plurality of exercise fields, where each exercise field is configured to group one or more question fields and corresponding

answer fields relating to a first level educational topic; a plurality of seminar fields, where each seminar field relates to a second level educational topic and groups one or more of the plurality of exercise fields based on the second level educational topic; one or more learning pavilion fields, where each learning pavilion field relates to a third level educational topic and groups one or more seminar fields based on the third level educational topic; and one or more college fields, where each college field relates to a fourth level educational topic and groups one or more learning pavilion fields based on the fourth level educational topic. Applicants submit that L'ALLIER et al. and JEFFERSON do not disclose or suggest this combination of features.

For example, L'ALLIER et al. and JEFFERSON do not disclose or suggest a plurality of exercise fields, where each exercise field is configured to group one or more question fields and corresponding answer fields relating to a first level educational topic. The Examiner alleged that the exercise fields correspond to L'ALLIER et al.'s teaching of topics (Office Action, pg. 5). The topics in L'ALLIER et al. do not, however, group one or more question fields and corresponding answer fields relating to a first level educational topic. Instead, L'ALLIER et al. discloses that the topics contain a single objective and an assessment (col. 5, lines 49-51). The disclosure of JEFFERSON does not remedy the deficiency in the disclosure of L'ALLIER et al.

For at least the foregoing reasons, Applicants submit that claim 23 is patentable over L'ALLIER et al. and JEFFERSON, whether taken alone or in any reasonable combination.

Claims 24 and 25 were rejected under 35 U.S.C. § 102(a) as allegedly anticipated by NIST. Applicants respectfully traverse this rejection.

NIST discloses information regarding ancient calendars.

By contrast, amended independent claim 24 recites receiving a request for a web page from a user device, where the web page is associated with an image and a textual description of the image; causing the web page and textual description to be displayed on the graphical user interface; retrieving the image; and superimposing the image over the textual description on the graphical user interface. Applicants submit that NIST does not disclose or suggest this combination of features.

For example, NIST does not disclose or suggest superimposing the image over the textual description on the graphical user interface. In NIST, images are displayed above a textual location (see pages 1 and 2), and not, as recited in Applicants' claim 24, superimposed over the textual description.

For at least the foregoing reasons, Applicants submit that claim 24 is not anticipated by NIST.

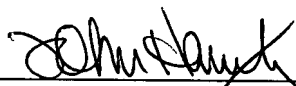
Independent claim 25 recites features similar to those described above with respect to claim 24. Accordingly, Applicants submit that claim 25 is not anticipated by NIST for reasons similar to those given above with respect to claim 24.

In view of the foregoing amendments and remarks, Applicants respectfully request the Examiner's reconsideration of this application, and the timely allowance of the pending claims.

To the extent necessary, a petition for an extension of time under 37 C.F.R. § 1.136 is hereby made. Please charge any shortage in fees due in connection with the filing of this paper, including extension of time fees, to Deposit Account No. 50-1070 and please credit any excess fees to such deposit account.

Respectively submitted,

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